THE

BOSTON MEDICAL AND SURGICAL

JOURNAL.

VOL. XXIV. WEDNESDAY, MAY 26, 1841. No. 16.

ERGOT IN SMALL AND REPEATED DOSES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Your notice, in a late No. of the Journal, of Prof. Beck's paper on Ergot, induced me to inquire for it, having the desire to learn the opinion, on this article, of one so well qualified to do justice to the subject. By your kindness I have been gratified. Having much confidence in the safety and efficacy of ergot as a parturient agent, when used in the manner in which I have been in the practice of administering it during the last eight or ten years, I have concluded to send you extracts embracing this subject, from my "Observations on Obstetric Practice," prepared for the Western District of the N. H. Medical Society in 1839, and also read before the N. H. Medical Society at its annual meeting in June last. This I do with much diffidence, after having read Dr. Beck's "Observations on Ergot." Your obliged friend and servant,

Jaffrey, N. H., May 11, 1841. L. HOWE.

The discovery of the virtues of this article, ergot, has put into the hands of obstetricians a powerful and valuable agent; and perhaps there is no one in the materia medica which more rarely fails of its specific effects. Most practitioners, of the present day, believe in its power of exciting uterine action, and approve of its exhibition in extreme cases, and when "everything is ready." But whether its use be justifiable in those which, if left to the operations of nature, would probably, though protracted, terminate favorably, is a question not unworthy of consideration. If its effects in such cases endanger the life of the child, or increase the sufferings of the woman, it is unnecessary to say its exhibition would be unjustifiable. These unhappy results are too often witnessed, even in the latter stages of labor, when it is given in *full* doses and without its *correctives*. Notwithstanding my belief, now as it ever has been, that *time* and *patience* should be inscribed on the posts of every lying-in bed, experience has convinced me that ergot may be so administered in *every stage* of labor (but not in *every case)* as to expedite delivery, save the woman much suffering, and friends anxiety. This may be done by the exhibition of it in *small* and *repeated* doses; in some cases, in combination with opium and tart. of antimony, and in others, by preceding *these doses* by small ones of the solution of the latter article.

In protracted cases, when the os uteri was rigid and undilatable, and the pains irregular, I have, for some years, been in the habit of prescribing

30 drops of the wine of antimony, to be repeated, and if necessary the dose increased, every 25 or 30 minutes, till relaxation or nausea has been produced; and then, if pains have not become regular, of giving one or two teaspoonfuls of the following: R. Secalis cornuti, ʒ ss.; aquæ ferventis, ℥ iij.—jv.; infunde per semi-horem—to be repeated every 25 or 30 minutes, till pains have become regular. If the uterine action should be considerably excited, although the pains are irregular and apparently inefficient, the infusion should be discontinued; and if it should so happen that the pains become unremittent, opium should be immediately given, in such doses as the case might require, to subdue the improper influence of the ergot.

The combination of ergot, tart. of ant. and opium in the following proportions, succeeds well in irritable and nervous constitutions, when it is proper to give the first article: two teaspoonfuls of the above infusion, half a teaspoonful of the wine of antimony, and five to ten drops of the tincture of opium, or equal amount of opium in paregoric elixir.

It is necessary to have regard to the *temperament* of the patient; in the lymphatic, less antimony and more ergot would be indicated; and in the sanguineous and nervous, the reverse proportions, with, perhaps, the addition of opium.

In most cases, two or three doses, in some one of the above forms, have been found to be sufficient to relax the os uteri and increase the pains, and without overcoming their intermittent or alternate character. The object desired in the exhibition of ergot, is to excite *natural* labor-pains; but if it be given in *full*, or too frequently repeated, doses, the uterine action becomes distressing and continuous, endangering the life of the child. In the last stage of labor, larger doses might be administered with more safety than in any previous one, but the same caution should ever be observed, viz., never give it in such doses as will overcome the intermittent character of labor-pains. This caution seems to be very generally disregarded, if understood, by practitioners, at the expense of the lives of some children, much distress of their patients, and to the discredit of the medicine.

Some of the rules of writers for the use of ergot, which need not to be repeated here, apply not only to ordinary or large, but to small, doses. One of them is too important to be omitted: that is—ergot should not be given till it has been ascertained that the presentation is natural. This can, generally, be done before the os uteri is dilated to any considerable extent, and even before the membranes are ruptured, if the examination be made during the absence of pains. The fact that we can thus early, in most cases, ascertain whether the presentation be natural, is important for other reasons; for if it be such as to require that the child be turned, it is well known that it is only in the early stages it can be effected with facility.

The use of ergot has been objected to by practitioners, for the reason, that in their practice it has destroyed the child. This, without doubt, in many instances, has been lamentably true; but where is the fault? If a physician should see his patient die in consequence of an over-dose of opium, would he ever after proscribe the use of this medicine? or would he not rather learn a lesson of caution, and the fact, that if five grains may kill, half of this dose may remove the disease and save the patient? It is well known that most articles of the materia medica are essentially modified in their effects by pharmaceutical composition. There can be no reason for supposing ergot to be an exception to this principle; but when submitted to the same process, it will undergo a similar modification.

When ergot is prescribed in such doses as to excite powerful and unremitting uterine action, it may be expected that the death of the child will often occur. This may arise from the pressure on the funis, as it sometimes passes over a limb or some other prominent part, and, also, from powerful and unremitting pressure on the head. I would therefore repeat, that when this agent be given in the early stages of labor, it should be in such doses as will only excite the *natural labor-pains*, and in the latter stages recall into action the flagging powers of the uterus; and by no means force the uterus into inordinate and continuous action. In the use of this article, the axiom, "*festina lente*," has a peculiar application.

Since commencing the practice, which I have attempted briefly to describe, I have not witnessed a single instance of misfortune, resulting from it, either to the mother or child; and so satisfactory have been its results as to enable me to recommend it to others with much confidence. Many cases might be adduced to illustrate its safety and efficacy, if the occasion and time permitted.

If ergot be exhibited to promote the *expulsion* of the *placenta*, the same caution should be observed as has been described. An over-dose would cause the uterus to embrace so firmly the placenta, that it could not be expelled until the influence of the medicine had ceased.

In cases of *flooding* and other symptoms of *abortion*, particularly in the early months, ergot should be given in a full dose, not to be repeated unless the hemorrhage should render it necessary, and also evident that the ovum could not be retained. In such cases continuous uterine action checks the flooding, and in the commencement of this and other symptoms, has a tendency to prevent abortion.

In cases of excessive *after-pains*, I have prescribed this medicine with happy results. It should be given in small doses, commencing a few minutes before or immediately after delivery, and repeated as often as the case may require, during the first twenty-four hours. The following is a good formula, to be used in such cases: R. Secalis cornuti, grs. ij.; opii, gr. 1-4; tart. ant., gr. 1-16. Fit pil. One to be given every four or six hours, according to the urgency of the case. Camphor may be added, or substituted for opium.

Among the aphorisms of the Coan father of medicine, is the following: "Mulieri menstrua si velis cohibere cucurbitam quam maximam ad mammes appone." This was undoubtedly founded on the principle of the sympathy of parts or organs. On the same principle an aged physician, Dr. Hartshorn, who died in Rindge, N. H., some forty years ago, was in the habit, while in attendance on lingering cases, of using friction to the woman's breasts, which practice was quite in keeping with the eccentricities of his character. An aged woman whom he had thus attended, and from whom I had this information, thought him a very *indecent doc-*

tor. But no doubt in this way he courted the uterus to act, whether she was pleased or not with his assiduous attentions. Now in excessive menstrual discharges, the uterus is not unfrequently, particularly in protracted cases, in a relaxed state. Here those means would be indicated which would excite its permanent or tonic contraction. This may be done by mechanical irritation of the parts with which it has a direct sympathy, as, perhaps, by the practice of Hippocrates and Hartshorn, or more properly by medicine, which, by its sympathetic or specific influence, will produce similar, but more favorable results. Ergot may become more highly appreciated in diseases of this class when physicians shall have acquired a knowledge of prescribing it according to the pathology of the disease, and the virtues of the article.

It seems the objections to the use of ergot by Prof. Beck, and the numerous authorities cited by him, were predicated on its effects when given in such doses as not only to produce powerful, but *continuous*, uterine action. There can be no doubt that such pains must often prove fatal to the child. This fact does not conflict with the practice which I have recommended in the above extracts, but proves conclusively, that if this article be used at all, it should be in accordance with the principles of this practice. Although by some, ergot may be considered, when used in this manner, "merely a *time-saving* agent," and by others as inoperative, it will be found by those who may condescend to give it a trial, both safe and efficacious. The fact that women are susceptible to the action of ergot according to their temperament, should be regarded in the use of it, to avoid disappointment. I am gratified to learn that Dr. Kelso has advanced the same fact. He says that "women of nervous or sanguineo-nervous constitutions are the most apt to be influenced by the ergot, while the melancholic or lymphatic are generally insusceptible to its action." This circumstance not having been regarded in its use, may in some measure account for the difference of opinion in respect to its parturient powers.

Dr. Beck has fully established the fact, that "ergot is capable of producing an effect on the uterus anterior to the full term of gestation." Why, then, do the reprehensible attempts of women to produce abortion by taking this article, fortunately so often fail? Dr. Dewees says, "that an over-dose of this remedy may produce such a contraction of the uterus, after the birth of the child, as to cause a retention of the placenta, for some hours." When resorted to by females for the above purpose, it is taken in a fearless manner; one large dose rarely, if ever, effects their object, but cures them of their design. Several cases could be mentioned where a teacupful of it was taken, after having been steeped, as one, at her subsequent lying-in, informed me, as strong as it could be. It produced no other effect, in these cases, than a temporary sickness. When prescribed by physicians to procure premature labor, it is used in much smaller but repeated doses; and in their hands, it less frequently fails of the desired effects.

The reason why, in the majority of the experiments made on animals, it produced no effect, as is stated by Dr. Beck, may perhaps be explicable in the different manner of its exhibition. A farmer in this vicinity caused his flock of ewes to miscarry by feeding them daily, for two or three weeks, with a small quantity of rye.

REVIEW OF DR. GROSS'S PATHOLOGICAL ANATOMY.

[Concluded from page 202.]

AFTER devoting a short chapter to the lesions of the "*nasal, maxillary* and *frontal cavities*," and another to those of the "*mouth, pharynx* and *æsophagus*," the author arrives at the *stomach and bowels*, to the consideration of which he has given upwards of a hundred pages. Attached to this volume is a plate, presenting eighteen beautifully-colored figures, illustrating inflammation of the mucous membrane of the stomach and bowels in all its grades, hypertrophy, ulceration, softening, gangrene of the same, and inflammation and ulceration of the glands of Peyer. The following has not been noticed by any other author within our knowledge.

"In leaving this subject, there is one point upon which I deem it necessary to make a few comments. I allude to the singular contraction of the large bowel, which is so frequently met with in our post-mortem examinations. Every physician who is in the habit of making researches of this kind must have frequently observed this appearance. During the early period of my professional life, before I had much acquaintance with morbid structure, I was inclined to look upon this contraction as the effect of disease; and as such, there is reason to believe, it is still regarded by many at the present moment. That this, however, is not the fact, in the great majority of instances, my own experience decidedly tells me; and, in order to avoid all mistake upon the subject, I would suggest that, whenever this appearance is witnessed—as it will, I feel confident, in nine cases out of every ten—the bowel should be carefully opened with the scissors, and thoroughly scrutinized, with a view of ascertaining the color, consistence and thickness of its several tunics; for by such a procedure alone can the investigator expect to arrive at any satisfactory conclusion.

"The parts of the large bowel most subject to this contraction are the left half of the arch of the colon, the descending portion, the sigmoid flexure, and the upper half of the rectum—the frequency of its occurrence being in the order here enumerated."

We must again request the reader to obtain the work, and study this chapter. He will find a mass of interesting and instructive remarks, and that in as condensed a form as the number and nature of the subjects discussed could admit of.

The author proceeds to consider the lesions of the *peritoneum*, which are all "referred to inflammation, tubercles, melanosis and cancerous growths." Next we have a very full chapter on the biliary apparatus, embracing the *liver* and the *gall-bladder*, from which we shall make but a single extract, on the subject of the *fatty liver*.

"The liver has occasionally a peculiar *adipous* appearance, the fatty matter being either diffused through its parenchymatous structure, or confined to particular spots. The affected part is of a pale yellowish color, not unlike that of a pale autumnal leaf; its consistence is more or less diminished; it perceptibly greases the scalpel, is unctuous to the touch, and yields an oily principle by boiling. This, according to the recent experiments of Mr. Bird, of London, is a soft, brownish substance, very fusible, and possessing a peculiar and unpleasant odor. The quantity yielded by a pound of hepatic tissue is about five drachms and a half.

"Frequently the surface of the organ presents small brownish spots, which, from the manner in which they are arranged, give it a very singularly mottled appearance, resembling very much the liver of the shark, cod, and other oily fishes. When a section is made, the interior is found to be of a much more uniform color, being of a pale yellow, deep orange, or light ochre. The hepatic tissue is generally diminished in specific gravity, though this occurrence is by no means constant. In two specimens examined by Mr. Bird, the weight was only 1,027, whereas in the same amount of healthy liver it was 1,062.

"This fatty degeneration occurs almost exclusively in phthisical subjects. Louis found it in forty-four persons out of the one hundred and twenty-three who died of this disease under his care, in the Charity Hospital at Paris. This writer even goes so far as to contend that this state of the liver is never seen, except in connection with tubercles of the lungs, or of some other organs. That this, however, is not necessarily, although it may be generally, the case, is abundantly disproved by the observations of other pathologists.

"Various hypotheses have been offered with a view of accounting for this curious state of the liver; but the only explanation which seems to me to be at all tenable, is that which ascribes it to chronic inflammation, with venous engorgement, giving rise to an augmentation of the secretion of fatty matter, which, according to the well-known experiments of Braconnet and Vauquelin, is naturally contained in the organ. This opinion derives support and illustration from what is observed in the inferior animals. In the goose and duck, an almost complete adipous transformation of the liver may be induced in the course of a few weeks, by subjecting them to inactivity, withholding the light, and cramming their stomachs with a paste made of barley-meal, mutton-suet, and coarse sugar, mixed with milk. This mode of fattening fowls has been pursued for many years in the neighborhood of London, and it has been found that if the repletion be kept up longer than a fortnight, so much structural lesion will be induced as to kill them, or render the meat unfit for the table, the liver being converted into a soft, red, oily mass. In the human subject, this change seems to take place very rapidly in some instances, as in the course of five or six weeks; and the organ is not unfrequently double the usual weight and bulk. Louis has ascertained that it is more common in young than in old persons, and in females than in men, in the ratio of nearly four to one."

Next follow two short chapters upon the spleen and pancreas; then we have a lengthy one upon the *urinary apparatus*, and finally the work closes with a full chapter upon the female organs of generation, including the *uterus*, the *ovaries*, the *Fallopian tubes*, the *vagina* and *vulvo*, the *mammary gland*, and the *placenta*. From the section upon lesions of the kidneys, we shall present to the reader what is said upon *Bright disease*, or *granular nephritis*.

"In *chronic* nephritis, the redness is of a duller hue, and the affected parts frequently exhibit a marbled aspect. The structure of the kidney becomes hard and granulated, and the patient is gradually worn out by slow, hectic fever. Diabetes is a frequent attendant on this disease. In a few cases, I have seen the kidney converted into a yellowish homogeneous mass, without being able to discern the least trace of the original textures. Its size is also sometimes very much diminished, as I have repeatedly had occasion to remark in my dissections. This is especially the case in the *granular* disease of this organ, so ably described by Dr. Bright, of London. On tearing a kidney that is thus affected, the surface will be found studded with hard, whitish, spherical bodies, from the size of a clover-seed to that of a gooseberry: they are occasionally extremely numerous; and, in some instances, they project beyond the surface of the organ, so as to be discernible through its fibrous envelope. What the nature of these bodies is, is still a litigated point. The most plausible opinion, I think, is that which refers them to a hypertrophied condition of the granulations which are supposed, by Malpighi and others, naturally to exist in the vascular substance. The affection may thus be said to be analogous to the mammillated state of the liver. Like it, it is frequently connected with dropsy of the abdomen, and with the secretion of albuminous urine. Andral remarks that he has seen the granulations, in one instance, in the tubular structure; but this is probably a mistake. According to the theory we have advanced above, they should always be confined to the vascular substance; and this, as we are informed by Bright, is uniformly the case."

In the last chapter we find a better description of *fibrous tumors*, *polypes*, *hydatids*, and *moles* of the uterus, than we are able to find in any other author. All of these morbid growths are illustrated by handsome wood cuts, which cannot fail to give a correct idea of the appearance of the original. We shall endeavor to give the substance of the author's remarks upon *uterine moles*. These organized bodies are divided into two species, the *fibrinous* and the *vascular*. The fibrinous mole is always in shape more or less conical, pyriform, or gourd-like, never perfectly globular. The mean weight is between one and two ounces. Length, from two and a half to three and a quarter inches. Width, from one inch and a half to two inches and a quarter. Thickness, from one inch and a half to two inches. In the recent state the fibrinous mole looks like a mass of blood. It is firm and solid, and cuts like fibro-cartilage. Externally the adventitious product is invested by a grayish, fragile lamella, about a fourth of a line in thickness, which seems to connect it to the internal surface of the uterus. This species of mole has an internal cavity of irregular shape, which opens externally, and this cavity is always lined with two short sacs, which seem to correspond with the fœtal envelops. These sacs are separable from each other; the outer one is rough, flocculent and loosely connected with the deciduous membrane, which is always reflected into the mole; the inner is smooth and serous, sometimes containing a liquor like to the liquor amnii. The *vascular* mole is more rare than the fibrinous. It is generally globular, varying in diameter from one to four inches. Its weight, after the discharge of its contents, varies from three drachms to an ounce. It bears a striking resemblance to the placenta, being composed of bloodvessels and cellular tissue. It has a delicate external lamella, and two internal membranes, answering to the chorion and amnion, the latter enclosing several ounces of fluid.

These bodies are formed as the consequence of conception in the early stages of pregnancy, and are expelled with more or less hemorrhage, after having been retained for two or three months in the womb. Of the causes of their development we know nothing with certainty. The uterus, perhaps, instead of nourishing the embryo, inflames—blood is effused, the germ destroyed, and the abnormal structure formed.

In the last section of this last chapter the author has made a few remarks upon diseases of the placenta, referring them to inflammation (terminating in effusion of lymph, which causes adhesion, or suppuration), atrophy, cartilaginous degeneration, ossification, sanguineous effusion and hypertrophy.

"Nearly all the lesions above described are either directly hostile to the persistence of the placenta, or they interfere, to a greater or less extent, with the nourishment of the fœtus. In the cartilaginous and osseous transformations, many of the vessels are either entirely obliterated, or their calibre so much diminished as to admit of a very imperfect circulation. Hence atrophy of the placenta, and emaciation of the new being. When the lesions are extensive, abortion is the consequence. Ossification of the placenta occurs occasionally in several successive pregnancies.

"The placenta may adhere to any part of the uterus, but is usually found at the base. In twin cases, it is either double, bilobulated, or furnished with two cords. Occasionally it is attached to the head of the infant."

We are sorry that the author has not given us his views respecting the relation subsisting between the uterus and placenta. Is there any vascular connection between them? The placenta is undoubtedly an organizable product, and we are disposed to believe, with Dr. Meigs, of Philadelphia, that it is a production of the chorion; but does it enjoy an independent vitality? Is it a parasite? If not, what is the nature of the connection between it and the internal surface of the uterus? Can it ever be diseased without involving, to a greater or less extent, the uterus itself? These are questions which we should like to have seen discussed. Again, would it have been inconsistent with the plan of his work to have added something upon the pathology of the fœtus—the morbid relations between the fœtus and the uterus and its membranes? We would respectfully suggest these matters for the consideration of our author, in view of shortly seeing a second edition of his admirable work.

We have finished our task, and we hope that it has been performed with impartiality. Wherever we have differed in opinion from our author, that difference has been expressed without any embarrassment. We honestly believe that, in his *philosophy of morbid action*, the author is *entirely too ultra;* while at the same time we would repeat the declaration that, as a treatise on *morbid structure,* the work has never been excelled in America. W. J. B.

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED BY J. C. WARREN, M.D.

REPORTED FOR THE MEDICAL JOURNAL BY S. PARKMAN, M.D.

Fractures.—A man aged 59 years, and to appearance considerably older, stepped down an open scuttle in the street, in the evening, and when extricated was found to have a fracture of the right thigh. The limb was temporarily bandaged by a surgeon, and he was brought to the Hospital about eighteen hours after the accident. The bandages being removed, the limb was observed to be one inch the shorter, and the foot was completely everted. There was no contusion or tumefaction of the soft parts, but the patient complained of considerable uneasiness from the spasm of the muscles of the affected limb. On examination a fracture was detected about two inches above the knee, oblique from above downwards, behind forwards; the superior sharp fragment was felt under the extensor muscles, while the inferior projected very much backward into the ham from the action of the gastrocnemii. A crepitus could easily be detected by firmly grasping the thigh at the point of fracture, and rotating the limb.

The apparatus for extension, after the manner of Desault, was applied as follows. The limb being well bandaged from the toes to the groin, three splints were applied to the thigh, one on each side and the third in front, the front splint being carved so as to receive the patella and extend a short distance on the leg. A loop, to which to attach the extending power, was then contrived by passing a double band under the sole of the foot and attaching it on each side of the leg by a roller; this had an advantage over the common leather sock of the usual apparatus, inasmuch as the extension is applied over the whole surface of the limb, and not entirely centred at the heel, as it is apt to be by the sock, thus risking a troublesome ulceration or gangrene. All this being arranged, the ordinary extension apparatus was applied. This consists of two long splints; one, applied externally to the limb, reaches from the crest of the ilium to about six inches below the foot; the other, applied internally, reaches from the perineum, where it is formed like the head of a crutch, to about the same distance. These two are connected below the sole of the foot by a cross-piece through which they pass, and in the centre of which is a wooden screw about eight inches in length, to which the extending loop is attached, and by which the extension is effected. The counter-extension is made by a quilted band buckled around the pelvis and receiving the head of the outer splint. This band is then maintained in its place by two straps, which pass from behind on each side across the tuberosities of the ischium and the perineum, to be attached in front, so that the force of the counter-extension is actually applied at these points. Immediately upon the application of this apparatus, the patient professed himself completely relieved from the unpleasant spasms in the limb; as is generally the case in fracture of the thigh, as the muscles, by the coaptation of the parts, are freed from the irritation of the sharp fragments. This apparatus was continued for sixteen days, being renewed once within that time; at the end of this period no union was discovered, and the limb, when the extension was relaxed, contracted one inch. The immovable apparatus, composed of bandages saturated with dextrine, was then applied. Dextrine is a preparation not made in this country, but used extensively in France, in the arts, and in the manufacture of many articles of consumption, as a substitute for gum arabic, being considerably cheaper. It possesses the stiffening powers of starch, but has the advantages of not chipping off in flakes when dry, thus leaving the bandage flexible. This, however, is but a slight objection to the starch, which may be employed with equal advantage. When used, the dextrine should be dissolved in water, making the solution rather thicker than molasses. The manner of applying it for a fracture of the thigh is as follows. A common roller, without the dextrine, is applied from the toes to the groin, and finished by passing two or three times around the pelvis. Three pasteboard splints soaked in the solution of dextrine are then to be applied to the fracture. Another bandage, which has been soaked in the dextrine before it was rolled, is then applied over this, an assistant applying the dextrine as fast as it is unrolled by means of a common paint brush. The bandage being thus thoroughly saturated, will harden in the next twenty-four hours to about the rigidity of pasteboard.

By this treatment our patient has been able to move about the room upon crutches, thus obtaining an immense relief, in comparison with a maintenance of the supine position for forty, fifty or sixty days. The bandage was removed to-day, and consolidation of the fracture had taken place, five weeks and three days after the accident—a very short space of time, considering the age and feebleness of the subject. The bandage was re-applied, as the bone has not yet acquired sufficient firmness to be trusted to itself.

The next case is a man, 39 years of age, who four days since, in passing behind a horse at the water trough, was kicked upon the right leg. He fell immediately, and was brought to the Hospital. On examination there was found a contused wound about two inches in length over the spine of the tibia, about one inch below the protuberance for the attachment of the ligament of the patella. The finger was introduced and detected a comminution of the bone into several pieces; the tibia was broken into three main pieces; two fractures extended from the wound, one upward and outward, reaching almost to the joint, and the other downward and outward from the wound, and that part of the bone which had received the immediate shock was shivered into several smaller pieces. The fibula was also broken. Both the anterior and posterior tibial arteries were uninjured, and there was no great laceration of the muscles. The leg was one inch shorter than the other. The patient is described by his friends as of very intemperate habits, but his appearance is not indicative of such indulgence, being that of a healthy man. The accident happened in the afternoon, and the patient was not much prostrated. A few small, loose pieces were removed, and the limb was placed upon a pillow, and kept moist with compresses dipped in cold water—decision as to the ulterior course to be pursued being postponed till the next morning. When seen the next morning, he had passed a comfortable night, and no notable tumefaction had taken place in the limb. It had now become necessary to decide what course was to be pursued. The bone was comminuted as we have described above, there being six or seven, more or less, fragments entirely detached, and adhering only by periosteum. The alternative lay between immediate amputation and an attempt to save the limb. If the former be chosen, it will be necessary, from the vicinity of the fracture to the knee-joint, to practise it above this articulation—a consideration of some weight in the case, since, especially to a person in his situation in life, a stump formed from the leg would be much more useful than one merely from the thigh, as regards the fitting of a wooden leg of any kind. The loss of the leg merely can be, comparatively speaking, easily supplied by a common wooden stump attached to the knee; but after an amputation of the thigh, the limb has of course lost the use of all the extensors and flexors of the leg, and its motions must be effected by the muscles in the vicinity of the hip-joint—a circumstance which not only renders locomotion infinitely more difficult, but requires a more costly apparatus to remedy the loss. On the other hand, if an attempt be made to save the limb, the consequences will be a prolongation of the treatment, perhaps a year, and even then perhaps an infirm limb from the existence of fistulæ maintained by carious bone, or from an unsolidified callus, or the patient may sink under the profuse suppuration and sloughing of the parts. If the limb, however, be saved, it will probably possess sufficient power to be at least equivalent to an artificial one attached to the thigh; and if a fatal result be at any time threatened, amputation may then be performed. With these views, it was decided to attempt to save the limb. To put the parts then in a situation to take on the reparative process to the best advantage, it of course was necessary to remove the comminuted splinters. The wound was therefore enlarged upward and downward to about four inches, and four pieces, from three to four inches long by one half to three quarters of an inch wide, removed by carefully dividing the periosteum by which they were attached; these comprehended the whole thickness of the solid table of the bone, with some of the cancellated structure attached, forming that part of the tibia which is immediately under the integuments uncovered by muscles. In addition, several smaller splinters were removed.

To give a proper support to the limb, and at the same time to have it continually under inspection, the following measures were adopted. One of the cradles, such as are used in the Hospital to prevent the contact of the bed-clothes with any diseased limb, was inverted, and furnished with cross-pieces to maintain it firmly in this situation; the sides were also cut shorter to be more convenient. In this the limb was laid in a straight position upon the back, and supported upon a thickly-folded sheet, containing between its folds a piece of India-rubber cloth; no splints were applied. The wound in this position was uppermost; a narrow strip of cotton was therefore laid in the wound and across the leg, to pump out the serosity of the effused blood; the wound was covered with scraped lint to exclude the air, and the whole leg directed constantly to be kept cool by a thickly folded towel dipped in cold water. In addition, irrigation of the limb by means of a siphon was directed to be employed, and continued as long as agreeable, and to be renewed at intervals. It is now the seventh day since the accident. The constitutional symptoms have not been severe; the pulse have been 84 pretty constantly; the tongue tolerably moist. There has existed, however, within the last four days, considerable redness of the limb, with an œdematous, tense, boggy feeling of the cellular membrane, particularly on the outside about on a level with the wound, attended with phlyctenæ about the foot. The wound itself has been offensive, with a sanious discharge. Yesterday six punctures with a lancet were made into the external part of the limb, in the situation described above, which were followed by a considerable flow of blood, with a slight quantity of sanious pus. To-day he expressed himself as having been considerably relieved by the punctures, but the part still being tense and red, an incision about four inches in length was made through the skin with a bistoury; this was followed by considerable bleeding, and some slight purulent discharge. This incision was made with a view of arresting the sloughing of the cellular membrane, by relieving it of the cutaneous constriction. The chloride of soda, as a disinfecting agent, is applied to the wound in powder and solution, and he takes tr. cinchonæ ℥ ss. every two hours, with animal food once a day; cider and wine were offered him, but he declines them. A spirituous application was ordered to the limb to-day. The result is as yet doubtful, he being at present attacked by a phlegmonous erysipelas, which it is of course exceedingly important to arrest if possible.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 26, 1841.

TREATISE ON STRABISMUS.

The pressure of other matter has prevented our giving to the work on this subject recently published here by Dr. Dix, the extended notice we had designed. It contains so much practical information concisely expressed, and is written with so much candor and freedom from exaggeration, that we feel justified in recommending it strongly to the attention of the profession. The different modes of performing the operation are clearly described, and its results stated with a frankness which does not always characterize works in medicine and surgery. The following remarks with regard to the selection of cases, it may be well for all who propose operating to bear in mind.

"Although this operation is one of very general applicability, an indiscriminate performance of it is much to be deprecated, and it may not be useless to mention here certain cases in which it is inexpedient, because the fewer their number, the more likely they are not to be appreciated by a zealous operator.

"All cases should be excepted in which the remote or first cause of the strabismus is still, or has recently been, in action—as, for example, where one side of the globe is projected by a tumor within the socket, or the patient is subject to chorea, epilepsy, or other nervous affections.

"When there is reason to apprehend complete paralysis of some or all of the recti muscles, as may be indicated by distortion of other features of the face, or immobility of the eye at the same time that the strabismus is not extreme, division of the muscles would be inexpedient.

"If the squint seldom occurs, and is seen only during bodily or mental excitement or fatigue, the position of the eye being in the intervals normal, a division of the muscle would not be proper.

"When, instead of a want of correspondence in the axes of the two eyes, there is a disposition in both to look far to the right or left, it will probably be found that the trouble is referable to another cause than a want of balance in the muscular apparatus.

"Strabismus is sometimes complicated with nystagmus bulbi; and if the squint is extreme and the tremulous motion of the globe chiefly observable when an effort is made to evert the eye in opposition to the powerful contraction of the adductor, it should be divided. If the nystagmus is the predominating symptom, the obliquity being slight, the operation is inexpedient; though if the squint is considerable it may be done, with the understanding, on the part of the patient, that though the obliquity should be removed, the vibratory motion may still remain.

"A perfectly sound eye may be suspected of a squint, as is the case with Mr. H——, who has no power of turning the left eye outward, although it is in the centre of the orbit when the eyes are at rest or looking forward, and is turned inward only in correspondence with the outward movement of the right. Consequently, in looking at an object on the left, the left eye is in the centre of the orbit, while the right is turned toward the inner canthus and apparently squints."

Animal Magnetism.—Since the farcical exhibitions of Mons. Poyen with a young simpleton from Rhode Island, Boston has been under no Mesmeric excitement till about the middle of last week, when returning symptoms of the old paroxysms began to appear.—It may be gratifying to those who so deeply sympathized with the extreme susceptibility and delicacy of the subject of Dr. Poyen's manipulations, to know that she has remained quite comfortable since her *confinement*. In the mean time the great foreign reviver of a neglected and much abused science, who only desired "*to do very mush good to de Americans*," has travelled out of all hearing. Should he by-and-by awake from a Rip-Van-Winkle slumber, to renew his philanthropic labors, this is the place of all others to learn the progress of animal magnetism during his residence in the metropolis of the North.

A person cognominated Dr. Collyer, from New York, commenced business in the character of a showman, the other day, at Harrington's Museum, in this city. The immediate object of attraction was a boy, brought on by the operator. An invitation having been politely extended to the profession of the city to view the wonder, quite a number availed themselves of the opportunity, and they are now pretty thoroughly convinced that the whole exhibition, from beginning to end, is a low scheme for profiting by the credulity of the multitude. A stranger who gazes on the scene with his organs of marvellousness highly excited, is struck with what is at first conceived to be an extraordinary departure from the common laws of nature ; and having neither leisure nor patience for examining into the character of so great a mystery, walks away in a delirium of astonishment. It is indeed strange, that in a place proverbial for the intelligence of its inhabitants, there can be found individuals who willingly contribute to the support of such a gross and really miserably-devised spectacle. Dr. Collyer, for aught we know to the contrary, may be perfectly sincere in believing what others, equally learned in science, do not. He must feel, however, in reflecting by himself upon the business in which he is engaged—especially if educated with the advantages of the present enlightened age, and being a physician, too—that he is identified with a bad cause, the taint of which cannot be easily effaced in after life. If necessity obliged him to get bread in this way, asking charity would be far more reputable, and leave a much less offensive odor on his professional reputation.

The boy is not well trained, though quite familiar with the expectations of the audience—falling into a profound sleep at the exact moment to accommodate the spectators. He is no Yankee, it is very certain, from the fact that his guessing is horribly bad ; yet after all, when he has had more practice, no doubt he will succeed far better. That the little fellow toils at a prodigious disadvantage, must be acknowledged, since the magnetiser requires him to view the world through the occipital bone, a pretty thick one, too, with both eyes closed. It makes but little difference what article is subjected to Mac's *clairvoyance*, since it is generally "*round, long, white, black, or some other color.*" All this, by the way, is immaterial to the fact of being absolutely and positively magnetised by the concentrated mental power of Dr. Collyer. It is neither right nor honorable to ask a poor ignorant Irish boy, who can neither read nor write—a perfect stranger in Boston—a thousand silly questions, which answer no other purpose than to raise doubts in the minds of those respectable people who have paid twenty-five cents for seeing a great sight.

Query.—Is Dr. Collyer the man who gave lectures on phrenology at Pittsfield, Mass.? On the decision of this question depends the nature of another page of remarks on the moral tendency of this occult art.

The Massachusetts Medical Society.—From the anonymous promptings of some dissatisfied and perhaps disappointed member, it is evident that an old grudge is rankling in the breast of some one, who has not the independence to announce himself like a man, but fain would make us the cat's paw of his malice. It is evident that there is bad seed germinating, which only requires time for embarrassing the steady pursuits of the venerable Medical Society of Massachusetts with thorns and brambles. A spirit of dissention has been manifested from year to year, which is becoming bolder, and the country gentlemen not unfrequently speak out with a decided voice of distrust against their metropolitan brethren, whom they very erroneously suppose have no higher motive for maintaining the present system of organization than to make the rank and file subservient to their personal professional consequence, and eat heartily once in twelve months in the Cradle of Liberty, while their distant picket guards pay the bill. Those who have examined into the claims of the institution upon all educated physicians in the Commonwealth, know very well that the medical character of Massachusetts is precisely what it is—in the fullest enjoyment of public confidence—wholly through the generous, protective influence of the Society.

We had indulged the hope that no future causes of dissatisfaction would be developed. Let those who want offices have them, if they are able and willing to do the duties. The honor is a very poor compensation for services they are obliged to render.

Practical Treatise on the Human Teeth.—From Mr. Ticknor we have received a neatly-printed volume on the teeth, by William Robertson, this being the first American from the second London edition, with plates. It comes from the prolific press of Messrs. Lea & Blanchard, Philadelphia. At the present rate of multiplication, the dentists will rival the surgeons in the number of their practical works. Only last week we gave an extended notice of Dr. Harris's excellent book. Not being at leisure sufficiently to examine Mr. Robertson's publication, Dr. Flagg has kindly offered to do it for us, and whatever he says will be believed in this part of the country.

New York College of Physicians and Surgeons.—C. R. Gilman, M.D. has been elected Professor of Obstetrics and Diseases of Women and Children in this Institution. He gave the course of lectures in that department the first winter, and having succeeded admirably, he was raised to the chair. Dr. Gilman is a man of admirable tact and scientific acquirements, of middle age, with all the energy of character that characterizes so many of the natives of the granite rocks of New Hampshire.

Exchange Journals.—Dr. Dunglison's 15th of Feb. No. came on in the latter part of March, since which no other has been heard of at this office. Either the bundles have been lost, or some one having them in charge has shamefully neglected the duty assigned him. Imperfect files, particularly of favorite periodicals, like broken teeth in a saw, greatly impair the value of those that happen to be together.—No. 2 of Dr. Bell's Select Library comprises Ætiology and Semeiology, by Aretæus and Schiller.

To CORRESPONDENTS.—Dr. Flint's Cases of Typhus fever, Dr. Kelly's Case of Diseased Liver, Dr. North's Letter from Saratoga, and other papers before acknowledged, will be inserted as soon as our limits will permit.

MARRIED,—In Baltimore, J. G. Sanborn, M.D., of Carlyle, Ill., to Miss Maria Dorson, of that city.—On the 14th ult., at Pittsburgh, Penn., William C. Lawrence, M.D., of Cincinnati, to Mrs. C. A. Fertig, of Vicksburg. Miss.—C. M. Weld, M.D., of Roxbury, Mass., to Miss M. A. P. Jarvis.—At Chatham, Conn., Dr. E. Burr, of Middletown, to Miss M. T. Hailing.

DIED,—At Philadelphia, William P. Dewees, M.D., aged 75, a celebrated medical author, and formerly a professor in the University of Pennsylvania.—At New York, David Rodgers, M.D. 68.—At Hartford, Conn., Dr. Barwick Bruce, 87.—At Barre, Orleans Co., N. Y., Gaius Allen, M.D., formerly of East Windsor, Conn.

Number of deaths in Boston for the week ending May 22, 40.—Males, 21; Females, 19. Stillborn, 4.

Of consumption, 4—typhous fever, 1—fits, 3—tumor on the brain, 1—measles, 6—quinsy, 2—small-pox, 2—suicide, 1—sudden, 2—debility, 2—pleurisy fever, 1—bronchitis, 1—lung fever, 3—scald, 1—croup, 1—disease of the heart, 1—inflammation of the lungs, 1—scarlet fever, 2—unknown, 2.

MASSACHUSETTS MEDICAL SOCIETY.

The Annual Meeting of the Massachusetts Medical Society will be holden at the Temple, Tremont street, on Wednesday, 26th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock, by Edward Reynolds, Jr., M.D., of Boston. Literary gentlemen, interested in medical science, and students of medicine, are respectfully invited to attend. Dinner at half past 2, at Faneuil Hall.

A stated meeting of the Counsellors will be held on the day following, at the Society's Room in the Temple, at 10 o'clock, A. M. GEORGE W. OTIS, Jr.

My 19—tm *Recording Secretary.*

HOMŒOPATHIC BOOKS AND MEDICINE CHESTS.

Otis Clapp, No. 10 School street, Boston, has for sale, Currie's Practice of Homœopathy; Everest on do.; Broacke on do.; Dunsford's Practical Advantages of do; Dunsford's do. Remedies; Quin's Pharmacopœia; Simpson's do.; Hahnemann's Organon; Jeane's do. Practice; Jahr's Manual; Herings's do., or Domestic Physician; Rouff's Repertory; Currie's Domestic do.; Broacke's Diseases of the Alimentary Canal, and Constipation, with notes by Dr. Humphrey. Also small works for popular use by Croserio, Eustaphieve, Everest, Green, Herring, Des Guidi, &c. Medicine Chests for sale as above. O. C. is agent for the Homœopathic Examiner, by A. Gerard Hall, published monthly in New York. My 12—

A TREATISE ON STRABISMUS, OR SQUINTING,

And the New Mode of Treatment—Illustrated with Engravings and Cases. By John H. Dix, M.D. Just published, and for sale at the office of the Boston Medical and Surgical Journal, and at the store of William Crosby & Co., 118 Washington street. Price 50 cts. A few copies have been done up in paper covers, so as to be sent by mail. Ap. 14

THEODORE METCALF, APOTHECARY,

No. 33 Tremont Row, Boston, is sole agent for the sale of Bull's Philadelphia Gold Foil. He has also the largest assortment of mineral teeth to be found in New England. Together with turnkeys, forceps, drills, files, mirrors, platina, and almost every article used by dentists. English and American surgical instruments, in great variety.

☞ Any instrument not in store, obtained to order at three days' notice. Ap 7—6m

DR. J. J. MOORMAN,

RESIDENT PHYSICIAN AT THE WHITE SULPHUR SPRINGS, VA.

May be consulted by persons at a distance, as to the propriety of using the *White Sulphur Water*, in particular diseases, &c. Communications, descriptive of the case, enclosing the ordinary fee of $5, directed, post-paid, to Dr. M. at the White Sulphur Springs, Va., will be promptly responded to.

October 23d, 1840. O. 28—lamtMcheoptO

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint, J. V. C. Smith.

Boston, April 14, 1841. tf

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with Pure Vaccine Virus, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

SITUATION FOR A PHYSICIAN.

A situation for a physician in Canton Centre, Mass., which has been occupied by one for 30 years, has just been vacated, and is offered for sale cheap. Apply, if by letter, post paid, to E. Crane, Canton Centre, Mass., who will give the particulars. My 12—3t*

ABDOMINAL SUPPORTERS.

Dr. Haynes's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only $4—without, $3,50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A. 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; D. Crosby, Hanover; L. S. Bartlett, Kingston; L. Bartlett, Haverhill; F. P. Fitch, Amherst; Mr. J. H. Wheeler, Dover; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.